

~~101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES~~

~~101 CMR 453.00: ENHANCED RATES FOR CERTAIN HOME AND COMMUNITY BASED  
SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT~~

Section

- ~~453.01: General Provisions~~
- ~~453.02: Definitions~~
- ~~453.03: Rate Provisions~~
- ~~453.04: Filing and Reporting Requirements~~
- ~~453.05: Severability~~

453.01: General Provisions

(1) Scope. ~~101 CMR 453.00 governs the payment rates for Certain Home and Community-based Services related to Section 9817 of the American Rescue Plan Act purchased by a governmental unit including, but not limited to, the Department of Developmental Services (DDS), the Massachusetts Rehabilitation Commission (MRC), the Executive Office of Elder Affairs (EOEA), or MassHealth.~~

(2) Applicable Dates of Service. ~~Rates contained in 101 CMR 453.00 apply for dates of service as stated in 101 CMR 453.03.~~

(3) Disclaimer of Authorization of Services. ~~101 CMR 453.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 453.00. Governmental units that purchase the services described in 101 CMR 453.00 are responsible for the definition, authorization, and approval of services provided to clients.~~

(4) Administrative Bulletins. ~~EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 453.00.~~

(5) Parent Regulations. ~~101 CMR 453.00 describes operational add-on rates for certain services whose basic rates are governed by other regulations. For services not included in 101 CMR 453.00, please refer to the parent regulation listed in 101 CMR 453.01(5)~~

| <b>Service</b>                            | <b>Parent Regulation</b>                                                                      |
|-------------------------------------------|-----------------------------------------------------------------------------------------------|
| Home Health Services                      | <del>101 CMR 350.00: Rates for Home Health Services</del>                                     |
| Personal Care Management Services         | <del>101 CMR 309.00: Rates for Certain Services for the Personal Care Attendant Program</del> |
| Adult Foster Care (AFC)                   | <del>101 CMR 351.00: Rates for Certain Adult Foster Care Services</del>                       |
| Home and Community-based Services-Waivers | <del>101 CMR 359.00: Rates for Home and Community-based Services Waivers</del>                |
| Continuous Skilled Nursing Services       | <del>101 CMR 361.00: Rates for Continuous Skilled Nursing Services</del>                      |
| Certain Elder Care Services               | <del>101 CMR 417.00: Rates for Certain Elder Care Services</del>                              |

(6) Service Code Descriptions. ~~In some of the rate charts in 101 CMR 453.03, the service code descriptions have been omitted. For those service code descriptions, see the related service code spreadsheet at <https://www.mass.gov/regulations/101-CMR-45300-rates-for>~~

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~~certain home and community based services related to section 9817 of the american  
rescue plan act.~~

~~453.02: Definitions~~

~~—As used in 101 CMR 453.00, terms have the meanings in 101 CMR 453.02, except as otherwise provided.~~

~~Client. An individual receiving services purchased by a governmental unit.~~

~~Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.~~

~~EOHHS. The Executive Office of Health and Human Services, established under M.G.L. c. 6A.~~

~~COVID-19 Payment Rate. A rate that is intended to take into account the change in program model necessary due to COVID-19 requirements, which will be instituted at the discretion of the purchasing governmental unit.~~

~~EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.~~

~~Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.~~

~~Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.~~

~~Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).~~

~~453.03: Rate Provisions~~

~~(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).~~

~~(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.~~

~~(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.~~

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~~(4) Approved Rates with Applicable Dates of Service Provided on or after July 1, 2022. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 453.03(4).~~

~~(a) Home Health Services. Terms used in 101 CMR 453.03(4)(a) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 350.02: General Definitions.~~

| Code     | Unit           | Rate    | Add-on | Total   |
|----------|----------------|---------|--------|---------|
| G0299    | Per visit      | \$89.21 | \$8.92 | \$98.13 |
| G0300    | Per visit      | \$89.21 | \$8.92 | \$98.13 |
| G0299 UD | Per visit      | \$72.30 | \$7.23 | \$79.53 |
| G0300 UD | Per visit      | \$72.30 | \$7.23 | \$79.53 |
| T1502    | Per visit      | \$59.14 | \$5.91 | \$65.05 |
| T1503    | Per visit      | \$59.14 | \$5.91 | \$65.05 |
| 99058    | Per visit      | \$28.99 | \$2.90 | \$31.89 |
| G0151    | Per visit      | \$71.64 | \$7.16 | \$78.80 |
| G0152    | Per visit      | \$74.68 | \$7.47 | \$82.15 |
| G0153    | Per visit      | \$76.44 | \$7.64 | \$84.08 |
| G0156    | Per 15 minutes | \$6.73  | \$0.67 | \$7.40  |
| G0156 UD | Per 15 minutes | \$6.73  | \$0.67 | \$7.40  |
| G0493    | Per visit      | \$89.21 | \$8.92 | \$98.13 |
| G0299 U3 | Per visit      | \$89.21 | \$8.92 | \$98.13 |
| G0300 U3 | Per visit      | \$89.21 | \$8.92 | \$98.13 |
| 99509    | Per 15 minutes | \$6.73  | \$0.67 | \$7.40  |

~~(b) Personal Care Management Services. Terms used in 101 CMR 453.03(4)(b) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 309.02: Definitions.~~

| Code     | Unit        | Rate     | Add-on  | Total    |
|----------|-------------|----------|---------|----------|
| 99456    | Per Session | \$241.28 | \$24.13 | \$265.41 |
| 99456 TS | Per Session | \$138.67 | \$13.87 | \$152.54 |
| T1023    | Per Session | \$109.93 | \$10.99 | \$120.92 |
| T2022    | Per Session | \$53.63  | \$5.36  | \$58.99  |

~~(c) Adult Foster Care Services. Terms used in 101 CMR 453.03(4)(c) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 351.02: Definitions.~~

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| Code        | Unit            | Rate     | Add-on  | Total    |
|-------------|-----------------|----------|---------|----------|
| S5140       | <i>Per Diem</i> | \$48.10  | \$4.81  | \$52.91  |
| S5140-TG    | <i>Per Diem</i> | \$82.67  | \$8.27  | \$90.94  |
| S5140-TF    | <i>Per Diem</i> | \$48.10  | \$4.81  | \$52.91  |
| S5140-U5    | <i>Per Diem</i> | \$82.67  | \$8.27  | \$90.94  |
| S5140-U6    | <i>Per Diem</i> | \$48.10  | \$4.81  | \$52.91  |
| S5140-TG-U6 | <i>Per Diem</i> | \$82.67  | \$8.27  | \$90.94  |
| S5140-U7    | <i>Per Diem</i> | \$48.10  | \$4.81  | \$52.91  |
| S5140-TG-U7 | <i>Per Diem</i> | \$82.67  | \$8.27  | \$90.94  |
| T1028       | Per Admission   | \$242.38 | \$24.24 | \$266.62 |

~~(d) Home and Community-based Services Waiver. Terms used in 101 CMR 453.03(4)(d) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 359.02: Definitions.~~

| Service                      | HCBS Waiver                   | Units           | Agency Rate                                                      | Agency Rate Add-on | Agency Rate Total | Non-agency Rate                              |                       |
|------------------------------|-------------------------------|-----------------|------------------------------------------------------------------|--------------------|-------------------|----------------------------------------------|-----------------------|
|                              |                               |                 |                                                                  |                    |                   | Individual Provider (Self-employed Provider) | Self-directed Service |
| Adult Companion              | ABI-N                         | Per-15 Min.     | \$5.39                                                           | \$0.54             | \$5.93            | 89.75% of Agency Rate                        | N/A                   |
| Adult Companion              | MFP-CL                        | Per-15 Min.     | \$5.39                                                           | \$0.54             | \$5.93            | 89.75% of Agency Rate                        | 89.75% of Agency Rate |
| Assisted Living              | ABI-RH, MFP-RS                | <i>Per Diem</i> | \$106.76                                                         | \$10.68            | \$117.44          | N/A                                          | N/A                   |
| Chore                        | ABI-N                         | Per-15 Min.     | \$8.76                                                           | \$0.88             | \$9.64            | N/A                                          | N/A                   |
| Chore                        | MFP-CL                        | Per-15 Min.     | \$8.76                                                           | \$0.88             | \$9.64            | 89.75% of Agency Rate                        | 89.75% of Agency Rate |
| Community-based Day Supports | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per-15 Min.     | See 101 CMR 415.00: <i>Community-based Day Support Services.</i> |                    |                   | N/A                                          | N/A                   |

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| Service                                       | HCBS Waiver                   | Units            | Agency Rate                                                                 | Agency Rate Add-on | Agency Rate Total | Non-agency Rate                              |                       |
|-----------------------------------------------|-------------------------------|------------------|-----------------------------------------------------------------------------|--------------------|-------------------|----------------------------------------------|-----------------------|
|                                               |                               |                  |                                                                             |                    |                   | Individual Provider (Self-employed Provider) | Self-directed Service |
| Community Support and Navigation              | MFP-CL, MFP-RS                | Per-15 Min.      | \$13.97                                                                     | \$1.40             | \$15.37           | N/A                                          | N/A                   |
| Community Family Training                     | MFP-CL                        | Per-15 Min.      | <del>See 101-CMR 414.00: Family Stabilization Services.</del>               |                    |                   | 89.75% of Agency Rate                        | N/A                   |
| Day Services                                  | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per-Diem         | \$120.87                                                                    | \$12.09            | \$132.96          | N/A                                          | N/A                   |
| Day Services                                  | ABI-N, ABI-RH, MFP-CL, MFP-RS | Partial Per-Diem | \$60.43                                                                     | \$6.05             | \$66.48           | N/A                                          | N/A                   |
| Home Health Aide                              | MFP-CL                        | Per-15 Min.      | <del>See 101-CMR 453.03(4)(a): Home Health Services.</del>                  |                    |                   | N/A                                          | N/A                   |
| Homemaker                                     | ABI-N                         | Per-15 Min.      | \$6.30                                                                      | \$0.63             | \$6.93            | N/A                                          | N/A                   |
| Homemaker                                     | MFP-CL                        | Per-15 Min.      | \$6.30                                                                      | \$0.63             | \$6.93            | 89.75% of Agency Rate                        | 89.75% of Agency Rate |
| Independent Living Supports                   | MFP-CL                        | Per-Diem         | \$83.88                                                                     | \$8.39             | \$92.27           | N/A                                          | N/A                   |
| Individual Support and Community Habilitation | ABI-N                         | Per-15 Min.      | <del>See Levels G-H in 101-CMR 423.00: In-home Basic Living Supports.</del> |                    |                   | 89.69% of Agency Rate                        | N/A                   |
| Individual Support and Community Habilitation | MFP-CL, MFP-RS                | Per-15 Min.      | <del>See Levels G-H in 101-CMR 423.00: In-home Basic Living Supports.</del> |                    |                   | 89.69% of Agency Rate                        | 89.69% of Agency Rate |

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| Service                           | HCBS Waiver                   | Units       | Agency Rate                                                         | Agency Rate Add-on                                       | Agency Rate Total                                           | Non-agency Rate                                                                                |                       |
|-----------------------------------|-------------------------------|-------------|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------|
|                                   |                               |             |                                                                     |                                                          |                                                             | Individual Provider (Self-employed Provider)                                                   | Self-directed Service |
| Occupational Therapy              | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per Visit   | See 101 CMR 453.03(4)(a):<br><i>Home Health Services.</i>           |                                                          |                                                             | See 101 CMR 339.00: <i>Rates for Restorative Services (out-of-office visit rate)</i>           | N/A                   |
| Orientation and Mobility Services | MFP-CL, MFP-RS                | Per 15 Min  | Level I: \$32.00<br>Level II: \$35.38<br>Level III: \$38.75         | Level I: \$3.20<br>Level II: \$3.54<br>Level III: \$3.88 | Level I: \$35.20<br>Level II: \$38.92<br>Level III: \$42.63 | Level I: \$32.00<br>Level II: \$35.38<br>Level III: \$38.75                                    | N/A                   |
| Peer Support                      | MFP-CL, MFP-RS                | Per 15 Min. | See 101 CMR 414.00: <i>Rates for Family Stabilization Services.</i> |                                                          |                                                             | 89.75% of Agency Rate                                                                          | 89.75% of Agency Rate |
| Personal Care                     | ABI-N                         | Per 15 Min. | \$6.35                                                              | \$0.64                                                   | \$6.99                                                      | N/A                                                                                            | N/A                   |
| Personal Care                     | MFP-CL                        | Per 15 Min. | \$6.35                                                              | \$0.64                                                   | \$6.99                                                      | See 101 CMR 309.00: <i>Rates for Certain Services for the Personal Care Attendant Program.</i> |                       |
| Physical Therapy                  | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per Visit   | See 101 CMR 453.03(4)(a):<br><i>Home Health Services.</i>           |                                                          |                                                             | See 101 CMR 339.00: <i>Rates for Restorative Services (out-of-office visit rate)</i>           | N/A                   |
| Prevocational Services            | MFP-CL, MFP-RS                | Per 15 Min. | \$9.35                                                              | \$0.94                                                   | \$10.29                                                     | N/A                                                                                            | N/A                   |

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| Service                           | HCBS Waiver                   | Units       | Agency Rate                                                                                                                                                          | Agency Rate Add-on | Agency Rate Total | Non-agency Rate                                                                          |                       |
|-----------------------------------|-------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|------------------------------------------------------------------------------------------|-----------------------|
|                                   |                               |             |                                                                                                                                                                      |                    |                   | Individual Provider (Self-employed Provider)                                             | Self-directed Service |
| Residential Family Training       | MFP-RS                        | Per 15 Min. | <del>See 101 CMR 414.00: Rates for Family Stabilization Services.</del>                                                                                              |                    |                   | 89.75% of Agency Rate                                                                    | N/A                   |
| Residential Habilitation Services | ABI-RH, MFP-RS                | Per Diem    | <del>See 101 CMR 420.00: Rates for Adult Long-term Residential Services.</del>                                                                                       |                    |                   | NA                                                                                       | NA                    |
| Shared Home Supports              | MFP-CL                        | Per Diem    | <del>See 101 CMR 411.00: Rates for Certain Placement, Support, and Shared Living Services. (Shared Living Operational Rate Level A, Stipend Levels 1, 2, or 3)</del> |                    |                   | N/A                                                                                      | N/A                   |
| Shared Living —24 Hour Supports   | ABI-RH, MFP-RS                | Per Diem    | <del>See 101 CMR 411.00: Rates for Certain Placement, Support, and Shared Living Services.</del>                                                                     |                    |                   | N/A                                                                                      | N/A                   |
| Skilled Nursing—LPN               | MFP-CL, MFP-RS                | Per Visit   | <del>See 101 CMR 453.03(4)(a): Home Health Services.</del>                                                                                                           |                    |                   | N/A                                                                                      | N/A                   |
| Skilled Nursing—RN                | MFP-CL, MFP-RS                | Per Visit   | <del>See 101 CMR 453.03(4)(a): Home Health Services.</del>                                                                                                           |                    |                   | N/A                                                                                      | N/A                   |
| Specialized Medical Equipment     | ABI-N, ABI-RH, MFP-CL, MFP-RS | Item        | <del>See 101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.</del>                                                                  |                    |                   | N/A                                                                                      | N/A                   |
| Speech Therapy                    | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per Visit   | <del>See 101 CMR 453.03(4)(a): Home Health Services.</del>                                                                                                           |                    |                   | <del>See 101 CMR 339.00: Rates for Restorative Services (out-of-office visit rate)</del> | N/A                   |
| Supported Employment              | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per 15 Min. | <del>See 101 CMR 419.00: Rates for Supported Employment Services. (rate for Individual Supported Employment)</del>                                                   |                    |                   | N/A                                                                                      | N/A                   |

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| Service                   | HCBS Waiver                   | Units        | Agency Rate                                                                                | Agency Rate Add-on | Agency Rate Total | Non-agency Rate                              |                       |
|---------------------------|-------------------------------|--------------|--------------------------------------------------------------------------------------------|--------------------|-------------------|----------------------------------------------|-----------------------|
|                           |                               |              |                                                                                            |                    |                   | Individual Provider (Self-employed Provider) | Self-directed Service |
| Transitional Assistance   | ABI-N, ABI-RH, MFP-CL, MFP-RS | Per Episode  | Service Component: I.C. plus 10%<br>Goods Component: I.C.                                  |                    |                   | N/A                                          | N/A                   |
| Transportation            | ABI-N, ABI-RH, MFP-CL, MFP-RS | One-way Trip | <del>See 101 CMR 327.00: Rates of Payment for Ambulance and Wheelchair Van Services.</del> |                    |                   | N/A                                          | N/A                   |
| Supportive Home Care Aide | MFP-CL                        | Per 15 Min.  | \$7.61                                                                                     | \$0.76             | \$8.37            | N/A                                          | N/A                   |

~~(e) Continuous Skilled Nursing Services. Terms used in 101 CMR 453.03(4)(e) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 361.02: General Definitions.~~

| Code     | Unit       | Rate (Agency) | Add-on (Agency) | Total (Agency) | Rate (Individual) | Add-on (Individual) | Total (Individual) |
|----------|------------|---------------|-----------------|----------------|-------------------|---------------------|--------------------|
| T1002    | 15 minutes | \$16.21       | \$1.62          | \$17.83        | \$13.32           | \$1.33              | \$14.65            |
| T1002-UJ | 15 minutes | \$17.22       | \$1.72          | \$18.94        | \$14.24           | \$1.42              | \$15.66            |
| T1002    | 15 minutes | \$22.42       | \$2.24          | \$24.66        | \$19.08           | \$1.91              | \$20.99            |
| T1003    | 15 minutes | \$13.37       | \$1.34          | \$14.71        | \$11.09           | \$1.11              | \$12.20            |
| T1003-UJ | 15 minutes | \$14.21       | \$1.42          | \$15.63        | \$11.88           | \$1.19              | \$13.07            |
| T1003    | 15 minutes | \$18.60       | \$1.86          | \$20.46        | \$15.98           | \$1.60              | \$17.58            |
| T1002-TT | 15 minutes | \$22.80       | \$2.28          | \$25.08        | \$19.25           | \$1.93              | \$21.18            |
| T1002-U1 | 15 minutes | \$24.28       | \$2.43          | \$26.71        | \$20.65           | \$2.07              | \$22.72            |
| T1002-TT | 15 minutes | \$32.08       | \$3.21          | \$35.29        | \$27.89           | \$2.79              | \$30.68            |
| T1003-TT | 15 minutes | \$18.90       | \$1.89          | \$20.79        | \$16.10           | \$1.61              | \$17.71            |
| T1003-U1 | 15 minutes | \$20.15       | \$2.02          | \$22.17        | \$17.27           | \$1.73              | \$19.00            |
| T1003-TT | 15 minutes | \$26.75       | \$2.68          | \$29.43        | \$23.41           | \$2.34              | \$25.75            |
| T1002-U2 | 15 minutes | \$27.24       | \$2.72          | \$29.96        | \$22.33           | \$2.23              | \$24.56            |
| T1002-U3 | 15 minutes | \$28.98       | \$2.90          | \$31.88        | \$23.95           | \$2.40              | \$26.35            |
| T1002-U2 | 15 minutes | \$38.09       | \$3.81          | \$41.90        | \$32.41           | \$3.24              | \$35.65            |
| T1003-U2 | 15 minutes | \$22.94       | \$2.29          | \$25.23        | \$18.67           | \$1.87              | \$20.54            |
| T1003-U3 | 15 minutes | \$24.41       | \$2.44          | \$26.85        | \$20.05           | \$2.01              | \$22.06            |

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| Code     | Unit       | Rate (Agency) | Add-on (Agency) | Total (Agency) | Rate (Individual) | Add-on (Individual) | Total (Individual) |
|----------|------------|---------------|-----------------|----------------|-------------------|---------------------|--------------------|
| T1003-U2 | 15-minutes | \$32.11       | \$3.21          | \$35.32        | \$27.20           | \$2.72              | \$29.92            |
| T1002-TU | 15-minutes | \$22.42       | \$2.24          | \$24.66        | \$19.08           | \$1.91              | \$20.99            |
| T1002-U4 | 15-minutes | \$23.92       | \$2.39          | \$26.31        | \$20.47           | \$2.05              | \$22.52            |
| T1002-TU | 15-minutes | \$31.72       | \$3.17          | \$34.89        | \$27.72           | \$2.77              | \$30.49            |
| T1003-TU | 15-minutes | \$18.60       | \$1.86          | \$20.46        | \$15.98           | \$1.60              | \$17.58            |
| T1003-U4 | 15-minutes | \$19.87       | \$1.99          | \$21.86        | \$17.15           | \$1.72              | \$18.87            |
| 1003-TU  | 15-minutes | \$26.46       | \$2.65          | \$29.11        | \$23.27           | \$2.33              | \$25.60            |

~~(f) Certain Elder Care Services. Terms used in 101-CMR-453.03(4)(f) that have not been defined elsewhere in 101-CMR-453.00 have the meanings in 101-CMR-417.02: Definitions.~~

| Certain Elder Care Services                               | Unit of Service      | Rate     | Add-on  | Total    |
|-----------------------------------------------------------|----------------------|----------|---------|----------|
| Enhanced Community Options Program (ECOP) Direct Services | Per client per month | \$749.47 | \$74.95 | \$824.42 |
| Home Care Program Services Direct Services                | Per client per month | \$326.35 | \$32.64 | \$358.99 |

~~(5) Rates with Applicable Dates of Service Provided on or after July 1, 2023.~~

| Service                                   | Rate<br>(Refer to the rate listed in the cited regulation.)                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------------------|
| Home Health Services                      | <del>101-CMR-350.00: Rates for Home Health Services</del>                                     |
| Personal Care Management Service Program  | <del>101-CMR-309.00: Rates for Certain Services for the Personal Care Attendant Program</del> |
| Adult Foster Care (AFC)                   | <del>101-CMR-351.00: Rates for Certain Adult Foster Care Services</del>                       |
| Home and Community-based Services-Waivers | <del>101-CMR-359.00: Rates for Home and Community-based Services Waivers</del>                |
| Continuous Skilled Nursing Services       | <del>101-CMR-361.00: Rates for Continuous Skilled Nursing Services</del>                      |
| Certain Elder Care Services               | <del>101-CMR-417.00: Rates for Certain Elder Care Services</del>                              |

~~453.04: Filing and Reporting Requirements~~

~~(1) General Provisions:~~

- ~~(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.~~
- ~~(b) Examination of Records. Each provider must make available to EOHHS or the purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.~~

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- ~~(2) Required Reports. Each provider must file~~
- ~~(a) an annual Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;~~
  - ~~(b) any cost report supplemental schedule as issued by EOHHS; and~~
  - ~~(c) any additional information requested by EOHHS within 21 days of a written request.~~

~~(3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 453.04(3).~~

~~453.05: Severability~~

~~—The provisions of 101 CMR 453.00 are severable. If any provision of 101 CMR 453.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 453.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.~~

~~REGULATORY AUTHORITY~~

~~101 CMR 453.00: M.G.L. c. 118E.~~